

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

## **DISCLOSURE 8 – LITIGATION HISTORY**

Entity Name				Phone No.			
1)	LITIGATION HISTORY  Has the supplemental entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safet alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)?						
	□ Yes	Yes No If you answered <u>yes</u> , provide the requested information for all litigation related to the ma applicant entity (e.g., fraud, environmental, food safety, labor, employment, worker compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.					
	Case Ca	ption	Docket/Case No.	Name & Location of Court	Cause of Action	Disposition	
2) <u>PENDING LITIGATION</u> For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations additional pages if necessary.						egations of the case. Add	
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3) GOVERNMENT CHARGES & INVESTIGATIONS  Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the supplem entity's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations). additional pages if necessary.						raud, environmental, food	
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CRA 5405 (Rev Mar-2022) Page 17 of 17